

U.S. DEPARTMENT OF LABOR
Employment and Training Administration

**APPLICATION
FOR
ALIEN EMPLOYMENT CERTIFICATION**

OMB Approval No. 45-R-1301

IMPORTANT: READ CAREFULLY BEFORE COMPLETING THIS FORM
PRINT legibly in ink or use typewriter. If you need more space to answer questions on this form, use a separate sheet. Identify each answer with the number of the corresponding question. SIGN AND DATE each sheet in original signature.
To knowingly furnish any false information in the preparation of this form and any supplement thereto or aid, abet, or counsel another to do so is a felony punishable by \$10,000 fine or 5 years in the penitentiary, or both (18 U.S.C. 1001).

PART A. OFFER OF EMPLOYMENT

1. Name of Alien (If family name in capital letter, First, Middle, Maiden)		2. Present Address of Alien (Number, Street, City, State ZIP Code, or Province, Country)		3. Type of Visa (If in U.S.)					
BATISTA Mizraim		83 North Fulton Avenue, Apt. 3, Mt. Vernon, NY, 10550, USA		EWI					
The following information is submitted as evidence of an offer of employment									
4. Name of Employer (Full name of organization)				5. Telephone (Area Code and Number)					
Michaelangelo Pavers Unlimited, Inc.				914-633-8575					
6. Address (Number, Street, City, State, Zip, Country)									
275 Broadfield Road, New Rochelle, NY, 10804, USA									
7. Address Where Alien Will Work (If different from item 6)									
Various sites in Southern Westchester County									
8. Nature of Employer's Business Activity		9. Name of Job Title		10. Total Hours Per Week					
Construction Contractor		Stone Mason		<table border="1"> <tr> <td>a. Basic</td> <td>b. Overtime</td> </tr> <tr> <td>35</td> <td></td> </tr> </table>		a. Basic	b. Overtime	35	
a. Basic	b. Overtime								
35									
				11. Work Schedule (Monthly)					
				<table border="1"> <tr> <td>a. Basic</td> <td>b. Overtime</td> </tr> <tr> <td>07:00 a.m. to 03:00 p.m.</td> <td>20.00 Hour per hour</td> </tr> </table>		a. Basic	b. Overtime	07:00 a.m. to 03:00 p.m.	20.00 Hour per hour
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07:00 a.m. to 03:00 p.m.	20.00 Hour per hour								
13. Describe fully the Job to be Performed Builds patios, outdoor walks and walks & driveways using different types of stone. Works with field, rough & cut stone, & granite. Works from set of drawings. Repairs imperfections & cracks in materials.									
14. State in detail the MINIMUM education, training, and experience for a worker to perform satisfactorily the job duties described in item 13 above.				15. Other Special Requirements					
EDUCATION (State number of years)		College Degree Required (Specify)							
Grade School		College							
High School		Major Field of Study							
TRAINING		Type of Training							
No. Yrs.		No. Mos.							
Job Offered		Related Occupation		Related Occupation (Specify)					
EXPERIENCE		Number							
Yrs.		Mos.							
2									
16. Occupational Title of Person Who Will Be Alien's Immediate Supervisor				17. Number of Employees Alien Will Supervise					
Foreman				-> 0					
18. ENDORSEMENTS (Make no entry in section - for government use only)									
Date Forms Received									
I.O.		S.O.							
S.O.		M.O.							
Ind. Code		Dom. Code							
Occ. Title									

Replaces MA 7-50A, B, and C (Apr. 1970 edition which is obsolete).

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ETA 750 (Oct 1978)

19. COMPLETE ITEMS ONLY IF JOB IS TEMPORARY				19. IF JOB IS UNIONIZED <i>(Complete)</i>			
a. No. of Openings To Be Filled By Aliens Under Job Offer	b. Exact Dates You Expect To Employ Alien		c. Number of Local	b. Name of Local			
	From	To					
				c. City and State			
20. STATEMENT FOR LIVE-AT-WORK JOB OFFERS <i>(Complete for Private Household Job ONLY)</i>							
a. Description of Residence <input type="checkbox"/> House <input type="checkbox"/> Apartment		b. No Persons Residing at Place of Employment			c. Will free board and private room not shared with anyone be provided? ("X" one) <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Adults	Boys	Children	Ages		
21. DESCRIBE EFFORTS TO RECRUIT U.S. WORKERS AND THE RESULTS. <i>(Specify Sources of Recruitment by Name)</i> We regularly recruit workers for this position but have been unable to locate any qualified candidates.							
22. Applications require various types of documentation. Please read Part II of the instructions to assure that appropriate supporting documentation is included with your application.							
23. EMPLOYER CERTIFICATIONS							
By virtue of my signature below, I HEREBY CERTIFY the following conditions of employment.							
a. I have enough funds available to pay the wage or salary offered the alien.				e. The job opportunity does not involve unlawful discrimination by race, creed, color, national origin, sex, religion, handicap, or citizenship.			
b. The wage offered equals or exceeds the prevailing wage and I guarantee that, if a labor certification is granted, the wage paid to the alien when the alien begins work will equal or exceed the prevailing wage which is applicable at the time the alien begins work.				f. The job opportunity is not:			
c. The wage offered is not based on commissions, bonuses, or other incentives, unless I guarantee a wage paid on a weekly, bi-weekly, or monthly basis.				(1) Vacant because the former occupant is on strike or is being locked out in the course of a labor dispute involving a work stoppage.			
d. I will be able to place the alien on the payroll on or before the date of the alien's proposed entrance into the United States.				(2) At issue in a labor dispute involving a work stoppage.			
				g. The job opportunity's terms, conditions and occupational environment are not contrary to Federal, State or local law.			
				h. The job opportunity has been and is clearly open to any qualified U. S. worker.			
24. DECLARATIONS							
DECLARATION OF EMPLOYER Pursuant to 8 U.S.C. 1748, I declare under penalty of perjury the foregoing is true and correct.							
SIGNATURE						DATE	
						04/04/2001	
NAME (Type or Print)						TITLE	
Uanderson Benedicti						President	
AUTHORIZATION OF AGENT OF EMPLOYER I HEREBY DESIGNATE the agent below to represent me for the purpose of labor certification and I TAKE FULL RESPONSIBILITY for accuracy of any representations made by my agent.							
SIGNATURE OF AGENT						DATE	
						04/04/2001	
NAME OF AGENT (Type or Print)						ADDRESS OF AGENT <i>(Mailing, Street, City, State, ZIP Code)</i>	
Conrad E. Pollack, Esq.						Pollack, Pollack, Isaac & DeCicco 225 Broadway - Suite 307 New York NY 10007	

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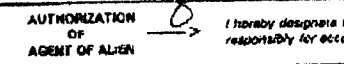
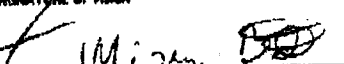
PART B. STATEMENT OF QUALIFICATIONS OF ALIEN						
<p>FOR ADVICE CONCERNING REQUIREMENTS FOR ALIEN EMPLOYMENT CERTIFICATION: If alien is in the U.S., contact nearest office of Immigration and Naturalization Service. If alien is outside U.S., contact nearest U.S. Consulate</p> <p>IMPORTANT: READ ATTACHED INSTRUCTIONS BEFORE COMPLETING THIS FORM</p> <p>Print legibly in ink or use typewriter. If you need more space to fully answer any questions on this form, use a separate sheet. Identify each answer with the number of the corresponding question. Sign and date each sheet.</p>						
1. Name of Alien (Family name in capital letters)		First name		Middle name		Maiden name
BATISTA		Mizraim				
2. Present Address (No., Street, City or Town, State or Province and ZIP Code)				Country		3. Type of Visa (If in U.S.)
83 North Fulton Avenue, Apt. 3, Mt. Vernon, NY, 10550, USA						EWI
4. Alien's Birthdate (Month, Day, Year)		5. Birthplace (City or Town, State or Province)		Country		6. Present Residence or Citizenship (Country)
09-18-70		Pocos de Caldas		Brazil		Brazil
7. Address in United States where Alien will reside						
Same as number 2						
8. Name and Address of Prospective Employer if Alien has a job offer in U.S.					9. Occupation in which Alien is seeking work	
Michaelangelo Pavers Unlimited, Inc. 275 Broadfield Road, New Rochelle, NY, 10804, USA					Stone Mason	
10. "X" the appropriate box below and furnish the information required for the box marked						
<p>a. <input type="checkbox"/> Alien will apply for a visa abroad at the American Consulate in _____ City in Foreign Country _____ Foreign Country _____</p> <p>b. <input checked="" type="checkbox"/> Alien is in the United States and will apply for adjustment of status to that of a lawful permanent resident in the office of the Immigration and Naturalization Service at _____ City _____ State _____</p>						
11. Name and Address of Schools, Colleges and Universities Attended (Include trade or vocational training facilities)		Field of Study	FROM		TO	
			Month	Year	Month	Year
12. Additional Qualifications and Skills Alien Possesses and Proficiency in the use of Tools, Machines or Equipment Which Would Help Establish if Alien Meets Requirements for Occupation in Item 8.						
13. List Licenses (Professional, journeyman, etc.)						
14. List Documents Attached Which are Submitted as Evidence that Alien Possesses the Education, Training, Experience, and Abilities Represented						
Endorsements						DATE REC. DOL
						O.Y. & C.
<p>(Make no entry in this section - FOR Government Agency USE ONLY)</p>						

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Items continued on next page

15. WORK EXPERIENCE. List all jobs held during past three (3) years. Also list any other jobs related to the occupation for which the alien is seeking certification as indicated in item 9.			
a. NAME AND ADDRESS OF EMPLOYER Presently unemployed			
NAME OF JOB	DATE STARTED Month Year	DATE LEFT Month Year	KIND OF BUSINESS
DESCRIBE IN DETAILS THE DUTIES PERFORMED, INCLUDING THE USE OF TOOLS, MACHINES, OR EQUIPMENT			NO. OF HOURS PER WEEK
b. NAME AND ADDRESS OF EMPLOYER Briga Landscaping Inc., 5 Briga Lane, White Plains, NY 10605			
NAME OF JOB Stone Mason	DATE STARTED Month Year 3/96	DATE LEFT Month Year 5/98	KIND OF BUSINESS Construction Contractor
DESCRIBE IN DETAILS THE DUTIES PERFORMED, INCLUDING THE USE OF TOOLS, MACHINES, OR EQUIPMENT			NO. OF HOURS PER WEEK 40
Build patios, outdoor walks and walls and driveways using different types of stone. Work with field, rough and cut stone, and granite.			
c. NAME AND ADDRESS OF EMPLOYER			
NAME OF JOB	DATE STARTED Month Year	DATE LEFT Month Year	KIND OF BUSINESS
DESCRIBE IN DETAILS THE DUTIES PERFORMED, INCLUDING THE USE OF TOOLS, MACHINES, OR EQUIPMENT			NO. OF HOURS PER WEEK

16. DECLARATIONS

DECLARATION OF ALIEN		Pursuant to 28 U.S.C. 1745, I declare under penalty of perjury the foregoing is true and correct.	
SIGNATURE OF ALIEN 		DATE 04-04-01	
AUTHORIZATION OF AGENT OF ALIEN 		I hereby designate the agent below to represent me for the purposes of labor certification and take full responsibility for accuracy of any representations made by my agent.	
SIGNATURE OF AGENT 		DATE 04-04-01	
NAME OF AGENT (Type or print) Conrad E. Pollack, Esq.		ADDRESS OF AGENT (No., Street, City, State, ZIP Code) Pollack, Pollack, Isaac & DeCicco 225 Broadway - Suite 307 New York NY 10007	

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